

DEC - 2 2003

Paul A. Drake  
Assistant Bureau Chief Program Administrator  
Business Enterprise Program for the Blind  
809 Commercial Avenue  
Springfield, IL 62703

Dear Mr. Drake:

SUBJECT: PERMIT FOR THE ESTABLISHMENT OF A VENDING FACILITY AT  
ARGONNE NATIONAL LABORATORY

Enclosed for your execution are five signed copies of the subject Vending Permit. This instrument authorizes the Illinois Department of Human Services' Business Enterprise Program for the Blind (BEPB) to establish, maintain, and operate a vending facility at Argonne National Laboratory in accordance with P.L. 93-516, Randolph-Sheppard Act.

This Vending Permit has been signed on behalf of the Department of Energy. Therefore, the instrument should be neither revised nor signed conditionally. If you believe a revision is necessary, return the documents to me unsigned and include an explanation of your concern.

If the documents are acceptable, please have all copies signed and dated on behalf of the BEPB, and return three of them to me. The BEPB may retain the remaining fully executed copies of the Vending Permit for its records.

If you have questions, or are in need of additional information, I can be contacted by phone at (630) 252-2127, or via e-mail at [rory.simpson@ch.doe.gov](mailto:rory.simpson@ch.doe.gov).

Sincerely,

SIGNED BY

Rory S. Simpson  
Contracting Officer  
Business Management Team

Enclosures:  
As Stated

cc: R. Wunderlich, AAO, w/encls.  
S. Martinez, AAO, w/encls.  
A. Harvey, AAO, w/encls.  
G. Walach, OCC, w/encls.  
G. Baldwin, STS, w/encls.  
K. McAllister, ANL-PFS-PMO/201, w/encls.  
P. Moonier, ANL-PFS-PMO/201, w/encls.  
R. Martello, ANL-OCF-PRO/201, w/encls.  
P. Marks, IDHS, w/encls.

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CONCUR  
AAO/pm

Simpson

12/2/03

AAO

Martinez

12/2/03

AAO

Wunderlich

12/2/03

**UNITED STATES DEPARTMENT OF ENERGY  
ARGONNE AREA OFFICE  
9800 S. CASS AVENUE  
ARGONNE, ILLINOIS 60439**

**PERMIT FOR THE ESTABLISHMENT OF A VENDING FACILITY ON FEDERAL PROPERTY  
AS AUTHORIZED BY PUBLIC LAW (P.L.) 74-732, AS AMENDED BY P.L. 83-565 AND TITLE II  
OF P.L. 93-516 (RANDOLPH-SHEPPARD ACT)**

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The Illinois Department of Human Services' Business Enterprise Program for the Blind (designated State Licensing Agency) requests approval of the U.S. Department of Energy (DOE), Argonne Area Office (Federal Property Agency) to place a vending facility on the Argonne National Laboratory (ANL) property located at 9800 South Cass Avenue, Argonne, Illinois 60439.

**SATISFACTORY SITE:** It has been determined that this location meets the criteria of a satisfactory site as defined in 34 CFR §395.1(g). Any exceptions are documented in Attachment A.

**TYPE, LOCATION, AND SIZE OF FACILITY:**

1. Type of facility (defined in Instruction Form OHD-RSA-15): Vending Machine
2. Facility location: Satellite Vending
3. Facility size: All Satellite Locations are identified in Attachment B.
4. The types of articles to be sold and services to be offered are enumerated in Attachment C.
5. The fixtures and equipment for this facility, including the responsibility for the provision thereof, are set forth in Attachment D.
6. The location, type, and number of vending machines which constitute all or a part of this facility are noted in Attachment E.
7. Income-sharing requirements are specified in Attachment F.
8. The requirements applicable to ANL site access by foreign nationals are provided in Attachment H.
9. The facility will operate 24 hours daily, seven days per week.

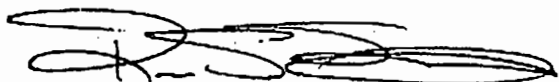
**DAY-TO-DAY MANAGEMENT REPRESENTATIVES:** The organizations involved in overall management of the vending facilities are 1). the Illinois Department of Human Services' Business Enterprise Program for the Blind (BEPB), which is responsible for the acquisition, installation, and maintenance of vending facilities at ANL, and 2). the University of Chicago, an Illinois not-for-profit corporation which is the operator of Argonne National Laboratory acting under contract No. W-31-109-ENG-38, as amended, with the United States Government, represented by the U. S. Department of Energy. Designation of the DOE Contracting Officer, the Laboratory Technical Representative, and the State Licensing Agency Point-of-Contact is specified in Attachment A.

**OTHER TERMS AND CONDITIONS:** Both parties shall comply with 34 CFR §395.35. Any additional terms and conditions applicable to this Permit are included in Attachment G. This Permit shall be issued for an indefinite period of time subject to suspension or termination upon failure to comply with agreed upon terms; and subject to termination by either party in cases of inactivation of the installation or activity, loss of use of building or other facility housing the vending facilities, change in Argonne's requirement for service,

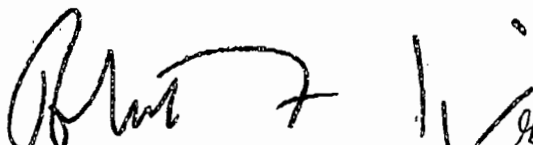
UNITED STATES DEPARTMENT OF ENERGY  
ARGONNE AREA OFFICE  
9800 S. CASS AVENUE  
ARGONNE, ILLINOIS 60439

PERMIT FOR THE ESTABLISHMENT OF A VENDING FACILITY ON FEDERAL PROPERTY  
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or inability of the State Licensing Agency to continue to operate the vending facilities. By mutual agreement the State Licensing Agency and DOE may terminate this Permit after providing notice of the intended termination, including the reason therefore and supporting documentation to the other party. Both parties shall comply with all regulations issued in Title VI of the Civil Rights Act of 1964. Should this request be denied by DOE, reason for denial of the application shall be set forth in writing to the State.



Approving Department of Energy Official



Approving Illinois Department of Human Services  
Official

RORY S. SIMPSON  
CONTRACTING OFFICER, AAO  
U.S. DEPARTMENT OF ENERGY

Title

Date

12/02/03

ASSOCIATE DIRECTOR 12/15/03

Title

Date

# **ATTACHMENT A**

## **SATISFACTORY SITE EXCEPTIONS**

34 CFR §395.1 (q) (1) (2), 395.30

- a. A "satisfactory site" is an area fully accessible to vending facility patrons and having:
- (1) Effective on March 23, 1977, a minimum of 250 square feet shall be made available for the vending and storage of articles necessary for the operation of a vending facility; however, Argonne will provide the Business Enterprise Program for the Blind (BEPB) with approximately 420 square feet for office and storage space.
  - (2) Sufficient electrical, plumbing, heating, and ventilation outlets for the location and operation of vending facilities in accordance with applicable health laws and building codes. A minimum of six outlets will be needed for refrigerators and freezers. In the vending office and storage area, one phone line, one computer phone line, and increased lighting will be required. A laundry or deep bowled sink will be needed for cleaning vending parts. An accessible loading dock or similar facility is desired for transferring vending products from trucks to the storage area.

Note below any deviations from the specified (a) accessibility (1) floor space, (2) utilities, above.

(None)

## **DEPARTMENT OF ENERGY CONTRACTING OFFICER**

All correspondence from the State Licensing Agency shall be submitted to the attention of the Department of Energy (DOE) Contracting Officer named below. The DOE Contracting Officer (or designee) is the only person authorized to revise this Vending Permit.

Rory S. Simpson, Contracting Officer  
U.S. Department of Energy  
Argonne Area Office, Building 201  
9800 Cass Avenue  
Argonne Illinois 60439  
[rory.simpson@ch.doe.gov](mailto:rory.simpson@ch.doe.gov)

PHONE AND FAX NUMBERS: 630/252-2127 (phone)  
630/252-2361 (fax)

# **ATTACHMENT A (CONT.)**

## **LABORATORY TECHNICAL REPRESENTATIVE**

Unless the State Licensing Agency is otherwise notified in writing, matters and issues pertinent to day-to-day vending operations under this Permit shall be discussed with the Laboratory Technical Representative named below:

Patricia A. Moonier  
Technical Services Administrator  
Argonne National Laboratory, Bldg. 201  
9700 Cass Avenue  
Argonne, Illinois 60439  
[pmoonier@anl.gov](mailto:pmoonier@anl.gov)

PHONE AND FAX NUMBERS: 630/252-5555 (phone)  
630/252-6014 (fax)

## **STATE LICENSING AGENCY POINT OF CONTACT**

The Illinois Department of Human Services Business Enterprise Program for the Blind primary point of contact is provided as follows:

Mark Lewis  
Business Consultant  
Illinois Department of Human Services  
Business Enterprise Program for the Blind  
1151 South Wood Street  
Chicago, Illinois 60612

PHONE AND FAX NUMBERS: 312/633-1757 (phone)  
312/633-3507 (fax)  
312/703-6133 (pager)

## **ATTACHMENT B**

### **FLOOR PLAN OF PROPOSED VENDING FACILITY** 34 CFR §395.16

- 1) Building 46 Lunchroom, 2 Soda, 1 Snack, 1 Microwave, 1 Bill Changer
- 2) Building 200 2 Soda, 1 Snack
- 3) Building 201 1<sup>st</sup> Floor West 2 Soda, 1 Snack
- 4) Building 201 1<sup>st</sup> Floor East 2 Soda, 1 Snack, 1 Condiment Stand, 1 Microwave, 1 Bill Changer
- 5) Building 201 2<sup>nd</sup> Floor East 2 Soda, 1 Snack, 1 Coffee, 1 Microwave, 1 Condiment Stand, 1 Frozen Food
- 6) Building 201 2<sup>nd</sup> Floor West 2 Soda
- 7) Building 201 3<sup>rd</sup> Floor West 1 Soda, 1 Snack, 1 Microwave, 1 Condiment Stand
- 8) Building 201 3<sup>rd</sup> Floor East 2 Soda, 1 Snack, 1 Bill Changer, 1 Microwave, 1 Condiment Stand
- 9) Building 203 Basement 2 Soda, 1 Snack, 1 Frozen Food, 1 Microwave
- 10) Building 205 Basement 1 Soda, 1 Snack, 1 Microwave
- 11) Building 208 Main Floor 2 Soda, 1 Snack, 1 Microwave
- 12) Building 212 2 Soda, 1 Snack
- 13) Building 221 Basement 2 Soda, 1 Snack, 1 Microwave, 1 Bill Changer
- 14) Building 222 Main Floor 1 Soda, 1 Snack
- 15) Building 223 Basement 2 Soda, 1 Snack
- 16) Building 302 1 Soda, 1 Snack, 1 Frozen Food, 1 Microwave
- 17) Building 308 1 Soda
- 18) Building 350 1 Soda, 1 Snack
- 19) Building 362 Basement 2 Soda, 1 Snack w/extender 1 Frozen Food, 1 Bill Changer, 1 Microwave;
- 20) 1 Condiment Stand
- 21) Building 401 2 Soda, 1 Snack, 1 Coffee, 1 Frozen Food, 2 Microwaves, 1 Bill Changer
- 22) Building 431 1 Soda, 1 Snack
- 23) Building 432 1 Soda, 1 Snack
- 24) Building 433 1 Soda, 1 Snack
- 25) Building 434 1 Soda, 1 Snack
- 26) Building 435 1 Soda, 1 Snack
- 27) Building 436 1 Soda, 1 Snack
- 28) Building 438 1 Soda, 1 Snack

# **ATTACHMENT C**

## **TYPES OF ARTICLES AND SERVICES TO BE OFFERED**

Coffee  
Bottle Pop  
Can Pop  
Bottle Water  
Juices  
Chips  
Candy  
Cookies  
Gum  
Microwave Popcorn  
Crackers  
Pastries  
Sun Dried Items  
Assorted Frozen Sandwiches  
Frozen Pizza  
Assorted Frozen Dinner  
Milk  
Ice Cream

The BEPB Staff will be responsible for the acquisition, installation, and maintenance of machines necessary to vend the above-described products at Argonne National Laboratory. Installation of the equipment listed in **Attachment B** to this Permit shall commence on or after December 19, 2003 and shall be completed on or before January 5, 2004. Once the installation is completed, the Business Consultant, the Director of Operations and the Manager will determine the following:

- This facility, at the discretion of the BEPB may be converted to more than one business enterprise based on sales, and income potential.
- The hours of operation will be (at a minimum) 6:30 a.m. - 5:00 p.m. Monday thru Friday. The weekend operation will be staffed as needs dictate. The Manager will be on call 24 hours a day for emergencies and repair.
- Sufficient staffing to meet the demands of the operation, a minimum of two employees, will be assigned to each BEPB facility. The BEPB Manager will be at the Argonne National Laboratory site a minimum of five days per week in accordance with the normal operating hours of the Laboratory.
- Refunds will be handled in this following manner: The BEPB Manager will ensure that vending refund envelopes are readily available and are clearly visible at each location. Refunds will be prepared promptly by the BEPB Manager and provided to the Laboratory Technical Representative for distribution.
- The BEPB Manager will assure quality controls for sanitation and code dates, and ensure that there is sufficient product on hand, and that all vending machines are operational.
- The BEPB Manager will make routine inspections of all building sites to assure compliance with this agreement.
- The BEPB Manager will meet routinely with the designated Laboratory Technical Representative to ensure the highest standards of service and quality are maintained in the BEPB's operation of the vending facilities.

## **ATTACHMENT C (CONT.)**

- The BEPB Manager will maintain sufficient staffing to ensure adequate service and machine functioning.
- The BEPB Manager will notify the Department of Energy-designated Laboratory Technical Representative thirty (30) days in advance of the intention to raise prices on products. The BEPB Manager will advise in writing the intention to raise prices or products 30 days in advance to DOE and the designated Laboratory Technical Representative.



## **ATTACHMENT D**

### **FIXTURES AND EQUIPMENT**

1 Desk  
3 Chairs  
2 Long Work Tables  
1 Dollar Bill Counter  
1 Currency Counter  
2 Double Door Freezers  
1 Double Door Refrigerator  
1 Computer  
2 Large Safe  
1 Small Safe  
1 Roll Top Safe Large  
Dunnage Racks  
Storage Racks  
2 Magliners  
1 Coin Packager  
1 File Cabinet  
1 Hand Truck

- All the above office equipment will be supplied and maintained by the BEPB to be used in the day-to-day management of vending services at the Laboratory.
- Each designated piece of the BEPB equipment will have affixed to it a State of Illinois property control tag to verify ownership.
- DOE shall provide at no cost to the BEPB approximately 420 square feet of space in Building 211, Room A-144 for use by the BEPB as an office/storage facility for vending operations at Argonne National Laboratory only. However, all costs for space modifications, establishment, installation, and operation of telecommunications services, and installation of other equipment necessary to conduct vending operations at Argonne National Laboratory shall be the responsibility of the BEPB.

## **ATTACHMENT E**

### **VENDING MACHINES WHICH ARE PART OF THIS VENDING FACILITY**

16 Snack Machines  
2 Coffee Machines  
13 Microwave Ovens  
9 Jr. Snack Machines  
5 Condiment Counter  
5 Frozen Food Machines  
6 Bill Changers  
41 Soda Machines

- All vending machines will be procured by BEPB and installed and loaded with products during the Argonne year end shutdown (December 20, 2003 – January 4, 2004).
- All vending machines will be staged and loaded with products if possible at the office/storage area.
- After the installation, any vending machine malfunctions will be repaired within a 24-hour period.
- The manager's phone numbers will be posted on all vending machines for machine repairs.
- Notification of repair status will be made by the BEPB manager to the Laboratory Technical Representative no later than the next business day.

## **ATTACHMENT F**

### **COMPETING VENDING MACHINES - INCOME SHARING**

(34 CFR §395.32)

None

# **ATTACHMENT G**

## **PROVISION OF DEPARTMENT OF EDUCATION REGULATIONS** (34 CFR §395)

Except as modified in this permit and its attachments, the Department of Energy, Argonne National Laboratory, and the BEPB will comply with the provisions of Department of Education regulations (34 CFR §395). These enumerated terms and conditions require:

- A. Issuance of the permit in the name of the applicant State Licensing Agency which shall:
  - (1) Prescribe procedures necessary to assure that the selection of vendors and employees for the operation of the vending facility is without discrimination because of sex, age, creed color, national origin, physical or mental disability, or political affiliation.
  - (2) Assure that vendors do not discriminate against any person or persons in furnishing, or by refusing to furnish, to such persons the use of any vending facility, including any and all services privileges, accommodations and activities provided thereby, and comply with the Title VI of the Civil Rights Act of 1964 and the regulations pursuant thereto.
- B. Issuance of the permit for an indefinite period of time subject to suspension or termination on the basis of noncompliance with agreed upon terms.
- C. Inclusion of provisions within the permit which specify that:
  - (1) No charge will be made to the State Licensing Agency for normal cleaning, maintenance, and repair of the building structure in and adjacent to the vending facility areas.
  - (2) Any cleaning that is necessary for sanitation, and the maintenance of vending facilities/ machines in an orderly condition at all times, and the installation, repair replacement, servicing and removal of any vending facility equipment shall be without cost to the Department of Energy or Argonne National Laboratory.
  - (3) Articles sold at vending facilities operated by blind licensees may consist of sundries, confections, foods, and beverages. Other articles or services may be included as determined by the State Licensing Agency, in consultation with the authorized representative of the Federal agency to be suitable for a particular location. These articles or services may be dispensed automatically.
  - (4) Vending facilities shall be operated in compliance with all applicable health, sanitation, and building codes or ordinance.
  - (5) Installation, modification, relocation, removal, and renovation of vending facilities will be subject to prior approval of the authorized representative of the Federal agency and the State Licensing Agency, and that the costs of relocation of vending facilities shall be paid by the initiator of the request.

## **ATTACHMENT G (CONT.)**

- (6) Any deviations from the regulations (34 CFR §395) are to be included in Attachment G.

### **OTHER TERMS AND CONDITIONS**

#### **Permits and Responsibilities**

- a. The Illinois Department of Human Services' BEPB shall, without additional expenses to the Department of Energy, be responsible for obtaining all required food/vending services licenses and permits, and for complying with any applicable Federal, State and municipal laws, codes, and regulations in connection with their operation of vending facilities at Argonne National Laboratory.
- b. This Permit applies only to those facilities or machines listed in Attachments B and E. A separate Application and Permit is required for each additional vending facility the BEPB may wish to operate at ANL.
- c. The BEPB will assign under this Permit a blind person or persons whom it has licensed as qualified to operate the particular type of vending facilities authorized herein.
- d. A minimum of 30-days written notice is required for either party to terminate this Permit.

### **ADDITIONAL LOCAL TERMS AND CONDITIONS**

#### **1. Performance of Work Requirements.**

- a. In performing work under this Permit, the BEPB shall ensure that its employees, contractors, and assigned blind vendors perform work safely, in a manner that ensures adequate protection for employees, the public, and the environment, and shall be accountable for the safe performance of work. The BEPB, its contractors, and assigned blind vendors shall exercise a degree of care commensurate with the work and associated hazards, and shall ensure that management of environment, safety, and health functions and activities becomes an integral and visible part of work planning and execution processes.
- b. The BEPB shall comply and shall ensure that its contractors and assigned blind vendors comply with all Federal, State, and local environment, safety and health statutes and regulations. The BEPB shall also comply and shall ensure that its contractors and assigned blind vendors comply with all applicable ANL site rules concerning environment, safety, and health requirements and procedures, including site security, ingress, and egress. The BEPB shall be provided copies of all such rules, which may be amended by the Department of Energy from time to time. Prior to initiating work under this permit, the BEPB shall meet with ANL to review such rules. Work may not be initiated

## **ATTACHMENT G (CONT.)**

until such time as all applicable reviews and submissions as required by the rules have been completed and approved.

- c. Failure to comply or to ensure compliance with the aforementioned statutes, regulations, and rules shall be considered a material breach of this agreement. The BEPB shall have 5 working days from the date of notification by the Department of Energy of its noncompliance to take corrective action. The Manager, Department of Energy-Argonne Area Office, at his or her sole discretion, may extend the period for corrective action.
- d. Upon discovery of any unsafe condition or practice on the ANL-site, including situations of imminent danger of causing a fatality or serious injury, or damage to the environment, any Department of Energy or ANL employee can issue a stop work order. The BEPB, its contractors, and assigned blind vendors must stop work immediately and seek the assistance of the ANL Technical Representative. The restart of work shall be contingent upon resolution of all safety concerns to the satisfaction of the Manager, Department of Energy-Argonne Area Office. The BEPB specifically understands and agrees that no liability shall attach to the Department of Energy, ANL, or the University of Chicago, its officers, employees, agents, or representatives for acts or failure to act under this provision.

### **2. Notification of Accidents**

All accidents and unauthorized releases to the environment occurring at the ANL site must be reported immediately by dialing 911 from an ANL telephone or pay phone, or 630-252-1911 from a cellular telephone. The BEPB shall complete, or cause to be completed, Form DOE F 5484.3, "Individual Accident/Incident Report" for all occupational injury/illness, fatality, and property loss/damage in connection with any and all work performed under this Permit. The BEPB shall also complete or cause to be completed all other environment, safety, and health reporting requirements the Department of Energy Contracting Officer may from time to time request.

### **3. Drug Free Workplace**

It is the Department of Energy's policy to maintain a drug free workplace. The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance, or the consumption of alcohol while conducting work under this permit, is prohibited on the ANL site. Any BEPB or BEPB contractor employee, or assigned blind vendor, who violates this policy may be barred from the ANL site.

### **4. Indemnity**

The BEPB shall indemnify and hold the Department of Energy, ANL, and the University of Chicago, their officers, trustees, employees, representatives and agents,

## ATTACHMENT G (CONT.)

jointly and severally harmless against any loss or damage (including loss or damage from any personal injuries or death or persons, and loss of or damages to property), and any expense in connection therewith (including expenses of litigation, together with reasonable attorney's fees incident thereto) arising out of or in connection with the negligent or reckless acts of omission or commission committed by the BEPB, its contractors, blind vendors, or their employees, agents, officers, or representatives in the performance of work under this Permit, or in connection with their presence on the ANL site in connection with this Permit. Nothing in this provision prevents the Department of Energy, ANL, or the University of Chicago from taking any actions available to them at law or in equity in connection with any loss or injury suffered as a result of this Permit.

### 5 Insurance

- a. The BEPB and its subcontractors shall have and maintain during the life of this Vending Permit the following:

#### MINIMUM COVERAGE

<u>TYPE OF INSURANCE</u>	<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
1. Comprehensive General Liability	\$1,000,000	\$2,000,000	\$500,000
2. Automatic Liability	\$1,000,000	\$2,000,000	\$500,000
3. Workmen's Compensation	Statutory		
4. Employer's Liability (sometimes referred to as "1(b)" coverage)	\$500,000	\$500,000	

- b. All policies, excluding Workmen's Compensation, shall provide by appropriate language that The University of Chicago and the United States Department of Energy are additional insured; that the insurance afforded by such policies is primary insurance; and, that all rights of the insurer for contribution from other insurers of the University of Chicago and the United State Government are waived.

# **ATTACHMENT H**

## **LABORATORY SITE ACCESS BY NON-U.S. NATIONALS (JUL 2002)**

Site access, including cyber access utilizing a Laboratory account, by all non-U.S. citizens must be reviewed and approved by the Laboratory Director or his designee. All new requests must be submitted on Form ANL-593. Non-U.S. citizens are either visitors (on site for 30 days or less) or assignees (on site for more than 30 days in a 12-month period). A certified host must be assigned for each visit or assignment. Form ANL-593 should be submitted as far in advance as possible (a minimum of 30 days for a sensitive assignment, 7 days for a non-sensitive country assignment or visit or sensitive visit.)

For assignments (more than 30 days) involving a foreign national from a "Sensitive Country", and/or access to a security area of the Laboratory or access to a sensitive subject, at least 30 days advance notice should be provided to ensure that Security, Counterintelligence, and Export Control reviews can be accomplished, and a DOE indices check can be completed prior to approval. In such cases, a specific security plan is required to be submitted to the Foreign Visits and Assignments Office with the ANL-593 form requesting the visit. An indices check normally takes 30 days after completion of all required pre-clearance documents, but can take considerably longer (once obtained, an indices check is valid for two years).

For visits or assignments involving a foreign national from a "Terrorist Supporting Country", (which currently include: Cuba, Iran, Iraq, Libya, North Korea, Sudan, Syria), specific approval of the visit/assignment by the Secretary of Energy or his designees is required. This approval, if granted, may take up to eight weeks after the internal approvals have been processed.

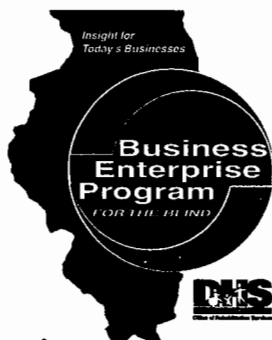
The time frames indicated above shall not constitute the basis for any equitable adjustment or claim to the contract price or performance/delivery period.

For assistance in preparing a Site Access Request, contact the Laboratory Technical Representative.

**(END)**



## **BUSINESS ENTERPRISE PROGRAM FOR THE BLIND**



**Paul A. Drake**  
*Assistant Bureau Chief*  
*Program Administrator*

**809 Commercial Avenue**  
**Springfield, Illinois 62703**

**Phone: 217/558-2321**  
**Fax: 217/558-2328**

DHVR360

# Low Risk Job Safety Analysis

This form is to be completed by the contractor and submitted to the Technical Representative for approval prior to work commencement. In addition this form is to be maintained at the site where work is being performed.

Job Title: Operation of Vending Service -- State of IL

Contract Number: \_\_\_\_\_ Building/Area: Various Buildings on ANL Site

## Contractor

Contractor: State of Illinois

Project Manager: Mark Lewis

Phone No.: (312) 633-1757

Foreman: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Page: \_\_\_\_\_

ESH Rep: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Page: \_\_\_\_\_

## ANL

Technical Rep/

Project Manager: Pat Moonier

Phone No.: (630) 252-5555

Divisional ES&H

Coordinator: Conrad Bissonnette

Phone No.: (630) 252-8612 Page: \_\_\_\_\_

C.F.R.: NA

## Designated Competent Person

Excavation: N/A  
(29CFR:1926.650)

Confined Space: N/A  
(29CFR:1926.21)

Scaffolding: N/A  
(29CFR:1926.451)

## ANL Approvals

☒ Approved

☐ Approved as Noted

☐ Not Approved - Resubmit

ES&H Coordinator

Date

Technical Representative

Date

NA

ESH-EC (as needed)

Date

NA

ESH-CS

Date

- The contractor ESH Representative must hold an Orientation with all employees prior to work identifying the hazards related to their Scope of Work and have each person sign the signature sheet attached.
- Identify location of **Emergency Telephones** and designated **Tornado Shelters** in relationship to the work site and provide phone numbers: **Laboratory Phone - 911, Cellular - 630-252-1911.**
- Emphasize compliance with **OSHA 29CFR:1926.**
- Utilizing the format on attached pages, identify hazards and safety precautions/procedures to mitigate hazards.

Phase of Work	Safety Hazard	Precautions/Safety Procedures
ARGONNE REQUIREMENTS	ANL ES&H COMPLIANCE	All vendor personnel assigned to work on the ANL site will attend the 1-1/2 hour ANL Contractor Safety Training and shall show and maintain proof of attendance to the ANL Technical Representative. Vendor personnel shall comply with all ES&H Safety Regulations while performing work at ANL.
MATERIAL SAFETY DATA SHEETS (MSDS)	HAZARDOUS COMMUNICATION STANDARD; WORKERS RIGHT TO KNOW	The vendor shall provide Material Safety Data Sheets (MSDS) for all products used on the ANL site. This information shall be provided to the ANL Technical Representative and the vendor shall have copies of the MSDS at the work site location. Any additionally prescribed PPE as stated on the MSDS is the responsibility of the vendor to acquire and utilize.
VENDOR PERSONNEL CHECK-IN	WORKER ACCOUNTABILITY	Prior to beginning work, the vendor shall check in upon arrival and check out upon departure from the ANL site with the PFS Technical Representative or designatee.
GENERAL CONDITIONS	UNAUTHORIZED PERSONNEL IN WORK AREA	Ansi approved Safety glasses and safety shoes shall be worn to assure safe operations. GFCIs shall be used when required.

## Material Safety Data Sheets (MSDS)

Hazardous materials used on this site are:

- |                  |                                   |          |
|------------------|-----------------------------------|----------|
| 1. <u>Bleach</u> | 3. <u>Windex</u>                  | 5. _____ |
| 2. <u>Soap</u>   | 4. <u>Stainless Steel Cleaner</u> | 6. _____ |

Location of MSDS: All on jobsite in vendor's service vehicle.

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 3. _____ | 5. _____ |
| 2. _____ | 4. _____ | 6. _____ |

## Review of Emergency Routes and Assembly Point:

### Basic Information

- \* Building Orientations will be arranged as required per the ANL Technical Representative.
- \* \_\_\_\_\_
- \* \_\_\_\_\_

\*Use separate sheets as necessary.

## Basic Safety Rule Reminders:

1. Safety shoes and safety glasses with side shields will be worn as required for safe operations.
2. Ground fault circuit interrupters (GFCI's) are required on all 110 and 120 volt receptacles.
3. Stairways, passageways, and access ways must be kept free of materials and equipment.
4. Orderly housekeeping shall be maintained.
5. Report all injuries/illnesses and near misses to the Technical Representative.

### Signature Sheet

Contractor: \_\_\_\_\_ Building/Area: \_\_\_\_\_  
Contract Number: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Company (not ANL)  
Superintendent: \_\_\_\_\_ ES&H Rep: \_\_\_\_\_

**ES&H information relative to this job has been reviewed with me by my company ES&H representative.**

Name (please print)	Badge No.	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

**Note:** Contractor representative will provide a copy of this sheet with initial signatures and all added signatures to the ANL Technical Representative.

MSDS | Print Page



### **C-844 Stainless Steel Maintainer 20oz.** (GENERAL / SPECIFICATIONS / FACTS)

Specially formulated to clean, polish and protect stainless steel and a wide variety of other surfaces in one step. Will not leave behind an oily residue but will resist fingerprints, grease and water spatter with a protective coating. The fine mist spray has a light foam application for the proper amount of product for the cleaning job. Spray out the foam and wipe off with a clean cloth. Avoid over-spray on flooring as surfaces may become slippery. 20 oz. Can, 16 oz. Net wt.

#### **AREAS OF USE:**

Cleans, polishes and protects stainless steel and most other metal surfaces without hard rubbing in:

- Institutions
- Hotels
- Restaurants
- Motels
- Office Buildings
- Hospitals
- Food Preparation Areas
- Washrooms

#### **SPECIFICATIONS:**

<b>Can Size:</b>	20 oz. Aerosol
<b>Net Weight:</b>	16 oz.
<b>Color:</b>	Milky White Emulsion
<b>Solvent:</b>	Petroleum
<b>pH:</b>	7.5
<b>Propellant:</b>	Hydrocarbon
<b>Spray Pattern:</b>	Fine Mist
<b>Flammability:</b>	Non-Flammable as per CPSC Flame Extension Test as described in 16 CFR 1500.45.

#### **JUST THE FACTS:**

- Contains two special cleaning systems that remove all oil and water based dirt and grime from stainless steel in one application.
- No oily film left behind to attract dirt and fingerprints.
- Leaves a clear coating on stainless steel that actually repels dirt, grease and fingerprints.
- Is formulated without hazardous chlorinated solvents and is safe to use in any food service area.

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<http://www.clairemfg.com/main/polish/c844.html>

1/23/02

## Page 1 MATERIAL SAFETY DATA SHEET MSDS844 8



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Page 1 MATERIAL SAFETY DATA SHEET  
(MSDS)

MSDS844 844 8

ITEM NUMBER: 844 - STAINLESS STEEL MAINTAINER

VERSION 2 EFFECTIVE DATE: 6/01/00 SUPERCEDES DATE: 5/07/98 PREPARED BY: Sue Heiser

IDENTITY (As Used On Label and List): STAINLESS STEEL MAINTAINER

EMERGENCY MEDICAL Telephone# 1-800-228-5635 X 009 (24 Hrs) Outside of the U.S.A. Call 651-632-9375

PRODUCT HAZARD RATINGS (NFPA): Health = 1, Fire = 3, Reactivity = 0, Protective Equipment = B

(Rating Legend: 4 = Extreme, 3 = Serious, 2 = Moderate, 1 = Slight, 0 = Minimal)

## \*\*\*\*\* SECTION I

CLAIRE MANUFACTURING CO.

TELEPHONE NUMBER FOR INFORMATION: 1-800-252-4731

500 VISTA AV

ADDISON

DATE PRINTED: 8/21/00 NAME OF PREPARER: Ron Cepa

IL 60101

## \*\*\*\*\* SECTION II - HAZARDOUS INGREDIENTS / IDENTITY INFORMATION \*\*\*\*\*

\*\*\*\*\*

Chemical Names	Exposure Limits (LD50-Oral Rat)	SARA Title III SEC 313	ACGIH TLV/TWA	OSHA PEL	% By Wt
----------------	------------------------------------	---------------------------	------------------	-------------	---------

Heavy Alkylate Naphtha (CAS# 64741-65-7)	NA	No	100 ppm*	100 ppm*	10-15
--	----	----	----------	----------	-------

Synthetic Isoparaffinic Solvent

(CAS# 64741-66-8)	NA	No	400 ppm	400 ppm	10-15
-------------------	----	----	---------	---------	-------

Liquefied Petroleum Gas Mixture (see below) - No - 15-20

Propane (CAS# 74-98-6)	NA	-	1000 ppm	NE	-
------------------------	----	---	----------	----	---

n-Butane (CAS# 106-97-8)	NA	-	600 ppm	NE	-
--------------------------	----	---	---------	----	---

\* Standard solvent used as a guide

Unidentified ingredients are not considered hazardous under the Federal Hazard Communication Standard.

Components Listed As A Suspected Carcinogen: None

## \*\*\*\*\* SECTION III - PHYSICAL CHARACTERISTICS \*\*\*\*\*

\*\*\*\*\*

Boiling Point: NA Vapor Pressure (psig): 120 @ 130F Specific Gravity (H2O=1): &lt;1

Solubility/Water: Appreciable Vapor Density (AIR=1): &gt;1 Evaporation Rate (Ether=1): &lt;1

Appearance and Odor: Light colored liquid; mild paraffinic hydrocarbon odor.

## \*\*\*\*\* SECTION IV - FIRE AND EXPLOSION HAZARD DATA \*\*\*\*\*

\*\*\*\*\*

Aerosol Flammability: Product is not required to be labeled as flammable as described in 16 CFR 1500.3 and 1500.45.

Flashpoint: &lt;0F (Propellant); &gt;100F (Concentrate)

Flammable Limits - % Volume in Air (Propellant): LEL: 2.2 UEL: 9.5

Extinguishing Media: Carbon dioxide, foam and/or dry chemical may be used.

Special Fire Fighting Procedures: Containers should be cooled with water to prevent vapor pressure build up. Use equipment or shielding, as required, to protect personnel from bursting, rupturing or venting containers.

Unusual Fire and Explosion Hazards: At elevated temperatures (over 54C-130F) containers exposed to direct flame or heat contact should be cooled with water to prevent weakening of container structure.

## \*\*\*\*\* SECTION V - REACTIVITY DATA \*\*\*\*\*

\*\*\*\*\*

Stability: Stable Hazardous Polymerization: NA

[http://www.clairemfg.com/main/polish/msds\\_c844.html](http://www.clairemfg.com/main/polish/msds_c844.html)

1/23/02



**Incompatibility (Materials to Avoid):** Avoid heat, flame and contact with strong oxidizing agents such as liquid chlorine, sodium/calcium hypochlorites. **Hazardous Decomposition Products:** Carbon monoxide, carbon dioxide and additional toxic chemicals may be formed in small amounts.

**Conditions to Avoid:** Do not store above 54C-130F. Keep away from heat, direct sunlight, open flames or sparks. Dropping of containers may cause burning.

#### SECTION VI - HEALTH HAZARD DATA

**Route(s) of Entry -** Inhalation: X Eyes: X Skin: X Ingestion:

**Signs and Symptoms of Exposure:** Inhalation: High vapor concentrations may result in depression, headache, dizziness or nausea. Eyes/Skin: Slight to moderate irritant. Ingestion: Ingestion may result in vomiting.

**Medical Conditions Generally Aggravated by Exposure:** Preexisting skin or eye disorders may be aggravated by exposure to this product.

**Emergency and First Aid Procedures:** **Eye Contact:** Flush eyes with plenty of water for 15 minutes while holding eyelids open. Get medical attention if irritation persists. **Skin Contact:** Remove contaminated clothing. Flush skin with water, follow by washing with soap and water. If irritation occurs, get medical attention. Do not reuse clothing until cleaned. **Inhalation:** Remove victim to fresh air and provide oxygen if breathing is difficult. Give artificial respiration if not breathing. Get medical attention. **Ingestion:** Do not induce vomiting. If vomiting occurs spontaneously, keep head below hips to prevent aspiration of liquid into lungs. Get medical attention.

#### SECTION VII - PRECAUTIONS FOR SAFE HANDLING AND USE

**Releases or Spilled:** Remove all sources of ignition and ventilate area. Soak up spill with an inert absorbent and place into a designated disposal container. Consult local regulatory agency for proper disposition of material.

**Waste Disposal Method:** Do not puncture or incinerate containers. When contents are depleted continue to depress button until all gas is expelled. Dispose of container in accordance with local, state, and federal regulations.

**Handling And Storing:** Avoid breathing vapor. Keep away from heat and flame. Use with adequate ventilation. Do not puncture or incinerate containers. Do not expose to direct sunlight or store at temperatures above 130F (54C). Store as Level 2 Aerosol (NFPA 30B).

**Other Precautions:** Please read and follow the directions on the product label; they are your best guide to using this product in the most effective way, and give the necessary safety precautions to protect your health.

#### SECTION VIII - EMPLOYEE PROTECTION

**Respiratory Protection (Type):** None required if good ventilation is maintained. If exposure exceeds occupational exposure limits (Sec. II), use a NIOSH approved respirator to prevent overexposure.

**Ventilation:** Local exhaust is adequate under normal conditions, mechanical ventilation is optional.

**Protective Gloves:** Chemical resistant gloves.

**Eye Protection:** Chemical safety glasses are recommended.

**Other Protective Clothing or Equipment:** Wear impervious clothing to prevent skin contact.

**Work/Hygiene Practices:** Ensure strict sanitary conditions are conformed to when working around chemicals.

Protective clothing and equipment should be in accordance with 29 CFR 1910.132 and CFR 1910.133.

#### Section IX-Other Regulatory Controls

**Governmental Listings:** Ingredients of this product are listed on the EPA/TSCA Inventory of Chemical Substances.

#### Section X-Transportation (D.O.T. Classification)

**Shipping Name:** Consumer Commodity **Hazard Class:** ORM-D

NG- Negligible NA- Not Applicable NE- Not Established UN- Unavailable ND- Not Determined

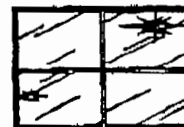
While the information set forth herein is believed to be accurate as of the date hereof, the Company makes no warranty or guarantee, express or implied, and disclaims all liability arising out of the use of this information.

EFFECTIVE DATE: 6/01/00 SUPERCEDES DATE: 5/07/98 PREPARED BY: Sue Heiser



**SPECTRUM**

969102

**Horizon Non Ammoniated Glass Cleaner****Ready-To-Use**

*Clearly the finest product of its kind, this nonammoniated glass and surface cleaner is formulated without ammonia. It will never streak or cause a film. Ready-To-Use, this multi-purpose product cleans a variety of surfaces including glass, Plexiglas® and plastics. Pleasant and safe to use, no fumes like in other competitive glass cleaners.*

**USES**

- Acrylics
- Aluminum
- Chrome
- Copier glass
- Formica®
- Mirrors
- Plastic
- Plexiglas®
- Polycarbonates
- Porcelain
- Stainless steel
- Windows
- Windshields

**DIRECTIONS FOR USE**

Read the entire label before using this product. Spray glass cleaner on surface to be cleaned and wipe with a lint-free towel or squeegee.

**BENEFITS**

- Nonammoniated - No harsh fumes.
- Powerful cleaning agents remove tough soils.
- Streak free - Leaves no film.
- Ready-To-Use - Safe and easy.
- Meets or exceeds current VOC requirements for glass cleaners.

**PROPERTIES**

Color .....	Blue
Detergency .....	Very good
Emulsification .....	Rapid
Flammable .....	Nonflammable
Fragrance .....	Grape
pH .....	10.0 - 11.0
Phosphates .....	None
Solubility in water .....	Complete
Specific gravity .....	1.0
Wetting .....	Excellent

**SAFETY**

Keep out of reach of children. For institutional and commercial use.

**WARNING:** Contains 2-Butoxyethanol. Avoid contact with skin and eyes. Wear eye protection and suitable gloves. Harmful if swallowed. **FIRST AID:** If splashed on skin or in eyes, flush with large quantities of water. If swallowed, drink two glasses of water and induce vomiting. Call a physician immediately.

**AVAILABLE IN**

- Case/12 Quarts (946 mL): #979102
- Case/4 - 1 Gallon (3.78 L): #988402
- Pail/5 Gallon (18.9 L): 988502
- Drum/ 55 Gallon (208 L): #988602

**NA**  
NORTH AMERICAN

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1000 01/01/03 000000

## Material Safety Data Sheet

Prepared in Accordance with 29 CFR 1910.1200

Prepared by CRushion on 3/12/2002.

## Section 1 - Product and Company Identification

Product Name	Spectrum Horizon Non Ammoniated Glass Cleaner	Chemical Family	Not available.	MFCA Hazardous Material Identification System	
Generic Description	Non-Ammoniated Glass Cleaner	Formula	Not applicable.	Health	1
Supplier	North American 2101 Chaire Ct. Glenview, IL 60025	Phone:	(847) 832-4000	Flammability	0
		Emergency phone:	911	Reactivity	0
				Personal Protection	A

## Section 2 - Ingredients:

Ingredient Name	CAS #	% by Weight	TLV/PEL	Carcinogenic Effects
1) Water	7732-18-5	0-100	Not available.	Not available.
2) 2-Butoxyethanol	111-76-2	0-5	TWA: 20 (ppm) from ACGIH (TLV) [United States] TWA: 50 (ppm) from OSHA (PEL) [United States]	Not available.
3) Tetrasodium salt of ethylenediaminetetraacetic acid	64-02-8	0-5	Not available.	Not available.
4) Perfume Oil	N/A	0-5	Not available.	Not available.
5) Dye	N/A	0-5	Not available.	Not available.

## Section 3 - Physical and Chemical Properties

Boiling point	200°F initial	Specific Gravity	0.972 (Water = 1)
Vapor Pressure	20mm Hg @ 80°F	Vapor density:	>1 (Air = 1)
Volatility	100	pH	8.5 to 9.5 (Basic)
Solubility	Easily soluble in cold water.	Evaporation Rate	>1 compared to Water
Physical Form and Appearance	Color		

Liquid	Blue	Phase:	
Stability	The product is stable.		
Incompatibility	No incompatible product according to our data base.		
Hazardous Decomposition Products	Not available.		
Hazardous Polymerization	Will not occur.		

## Section 4 - Flammability Data

Flash points (closed cup)	CLOSED CUP: 78.8/89°C (210°F)	Exclusion Limit	Not available.
Extinguishing media	Non-flammable substances.		
Fire-Fighting Measures	Wear full protective clothing. Use extinguishing media indicated.		
Explosion Hazards	None at ambient temperature in presence of static discharge. Not available.		

## Section 5 - Reactivity Data

Precautions to be taken in handling and storage:  
Avoid contact with skin and eyes. Avoid breathing vapors or spray mists.  
Keep out of the reach of children. Not for use or storage in or around the home.

## Section 7 - Health Hazard / First Aid

Chronic Effects:	There is no known effect from chronic exposure to this product.		
ROUTES OF ENTRY			
Skin	Hazardous in case of skin contact (irritant). Skin irritation is characterized by itching, scaling, reddening, or, occasionally, blistering.		
Eyes	Hazardous in case of eye contact (irritant).		
Inhalation	Hazardous in case of inhalation.		
Ingestion	Slightly hazardous in case of ingestion.		
Medical Conditions aggravated by exposure	Repeated or prolonged exposure is not known to aggravate medical condition.		

## FIRST AID MEASURES

In case of contact, immediately flush skin with plenty of water. Remove contaminated clothing and shoes. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention.  
Check for and remove any contact lenses. In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Get medical attention.  
If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.  
Do NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Seek immediate medical attention.

## Section 8 - Personal Protection

Protective Clothing		Ventilation	
Gloves Protection	Safety glasses.	Good general ventilation should be sufficient to control airborne levels.	
Hand/Arm Protection	Gloves.		
Respiratory Protection	Wear appropriate respirator when ventilation is inadequate.		
Other Special Considerations	No special protective clothing is required.		

## Section 9 - Large Spill and Leak

Methods for cleaning up Spill  
Absorb with an inert material and put the spilled material in an appropriate waste disposal.

Methods of disposal  
Waste must be disposed of in accordance with federal, state and local environmental control regulations.

## SARA 313

SARA 313 toxic chemical notification and release reporting: 2-Butoxyethanol

To the best of our knowledge, the information contained herein is accurate. However, neither the above company nor any of its subsidiaries assumes any liability whatsoever for the accuracy or completeness of the information contained herein. First determination of suitability of any chemical in the use responsibility of the user. All materials may present unknown hazards and should be used with caution. Although certain hazards are described herein, we accept responsibility that there are no other hazards not stated.



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# 959219

Page 1 of 4

Material Safety Data SheetSec 1 Product Identification

PRODUCT NAME: Sun Brite Bleach

MANUFACTURER: Champion Packaging 1840 Internationale Pkwy.  
Woodridge, IL 60517 PH: (630)-972-0100  
FAX: (630)-972-1020

EFFECTIVE DATE: July 25, 2001

EPA REGISTRATION: 55852-01

CAS NUMBER: 7681-52-9

CHEMICAL FORMULA: NaOCL (Solution)

HAZARDOUS INGREDIENTS: Sodium Hypochlorite 5.25%

EMERGENCY RESPONSE: INFOTRAC (800) 535-5053

Sec 2 Physical Data

APPEARANCE: Clear to Yellow Liquid

ODOR: Pungent, irritating, that of household bleach.

SOLUBILITY: Complete

BOILING POINT: Decomposes prior to boiling

SPECIFIC GRAVITY: 1.083 @ 5.25%

VAPOR PRESSURE: Approx. that of air

EVAPORATION RATE: Not Applicable

Sec 3 Fire and Explosion Information

FIRE: Not considered to be a fire hazard.

EXPLOSION: Not considered an explosion hazard.

FIRE EXTINGUISHING MEDIA: use any means suitable for extinguishing surrounding fire.

SPECIAL INFORMATION: Wear fully encapsulated suits with self-contained breathing apparatus (Positive Pressure).

Page 2 of 4

Sec 4 Reactivity Data

**Stability:** Stable under ordinary conditions of use and storage.  
Unstable at elevated temperatures.

**HAZARDOUS DECOMPOSITION PRODUCTS:** Decomposes under various mechanisms. May generate chlorine or oxygen which can be toxic and explosive, respectively.

**HAZARDOUS POLYMERIZATION:** This substance does not polymerize.

**INCOMPATIBILITIES (Material to Avoid):** Reacts vigorously with Amine, Ammonium Acetate, Ammonium Oxalate, Acids and most organics.

Sec 5 Leak/Spill Disposal Information

**RELEASES/SPILLS:** Move unprotected personnel upwind out of danger.

**REPORTABLE QUANTITY (RQ) (CWA/CERCLA):** 100 lbs. 454 Kg

**DISPOSAL:** Dilute with water and flush to local sewer system, if permitted. Solid waste must be disposed of in a permitted waste management facility. Ensure compliance with local, state, and federal regulations.

Sec 6 Health Hazard Information**A. EXPOSURE/HEALTH EFFECTS**

**INHALATION:** Respiratory tract irritant.

**INGESTION:** Can cause corrosion of the mucous membranes.

**IF Swallowed:** Drink large quantities of water. Do NOT induce vomiting. Get medical attention immediately. Call physician or poison control center immediately.

**SKIN CONTACT:** Contact with liquid can cause chemical burns. Immediately flush with water.

**EYE CONTACT:** Wash eyes for at least twenty minutes. If irritation continues after flushing, seek medical attention.

**CHRONIC EXPOSURE:** Not data found.

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CHEMICAL LISTED AS CARCINOGEN OR POTENTIAL CARCINOGEN:  
NTP -NO ; IARC -NO ; OSHA -NO ; ACGIH -NO

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#### Sec 7 Occupational Control Measures

OSHA PERMISSIBLE EXPOSURE LIMIT: Not established

VENTILATION SYSTEM: Local exhaust

PERSONAL RESPIRATORS: (NIOSH Approved) Recommended for all personnel working in or about an area of potential exposure.

SKIN PROTECTION: Wear impervious protective clothing; including boots; gloves; lab coat; apron or coveralls to prevent skin contact.

EYE PROTECTION: Use chemical safety goggles impervious to product. Contact lenses should not be worn when working with this material. Maintain eye wash fountain and quick-drench facilities in work area.

#### Sec 8 Storage and Special Information

Store in cool, dry, ventilated area. Protect against physical damage. Keep separate from incompatibles.

#### Sec 9 Regulatory Information

Regulated under the Federal Insecticide Fungicide and Rotenticide Act (FIFRA) if any sanitation or disinfection claims are made on label.

NFPA/HMIS ratings: Health - 3 ; Flammability - 0 ; Reactivity - 0, higher alkalinity R - 1.

SARA TITLE III- SEC. 302, 304, 311, 312.

REPORTABLE QUANTITY (RQ) (CWA/CERCLA): 100 lbs.

INGREDIENTS:	Sodium Hypochlorite	5.25% Wt
	Inert Ingredients	94.75% Wt

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nacorporation.com

# 601007

# Material Safety Data Sheet

## WHMIS (Pictograms)



## WHMIS (Classification)

Not controlled under WHMIS (Canada).

## HCS

Class: Irritating substance.

Product Name/ Trade Name

**Winning Hands Pearlized Pink Lotion  
Hand Cleaner**

Code 112

Synonym

Lotion Hand Cleaner

CAS # Mixture.

Chemical Family

Not available.

Validation Date 9/9/2002

Chemical Formula

Not applicable.

Print Date 9/9/2002

Manufacturer

Betco Corporation  
1001 Brown Avenue  
Toledo, Oh 43607  
(418) 241-2156

In Case of  
Emergency Chemtrec (800) 424-9300

TSCA

TSCA Inventory: All components listed or are exempt from listing.

DSL

DSL: All components listed unless noted elsewhere on this MSDS

Protective Clothing



Name	CAS #	% by Weight	Exposure Limits	LC <sub>50</sub> /LD <sub>50</sub>
1) Water	7732-18-5	>82	Not available.	Not available.
2) Amide Mixture	N/A	0-5	Not available.	Not available.
3) Coconut Soap	8001-31-8	0-5	Not available.	Not available.
4) Sodium Lauryl Ether Sulfate	68891-38-3	0-5	Not available.	Not available.
5) Coconut Diethanolamide	8051-30-7	0-5	Not available.	Not available.
6) Sodium Lauryl Sulfate	151-21-3	0-5	Not available.	Not available.
7) Tall Oil	61790-12-3	0-2	Not available.	Not available.
8) 2,2 Iminobisethanol	111-42-2	0-2	Not available.	Not available.
9) Tetrasodium salt of ethylenediaminetetraacetic acid	64-02-8	<1	Not available.	ORAL (LD50): Acute: 3030 mg/kg [Rat].
10) Sodium Chloride	7847-15-5	<1	Not available.	Not available.
11) Dye	NA	<1	Not available.	Not available.
12) Perfume Oil	N/A	<1	Not available.	Not available.

## Section 2: Hazardous Ingredients

**Potential Acute Health Effects** Slightly hazardous in case of eye contact (Irritant), of ingestion. Non-corrosive for skin. Non-irritant for skin. Non-hazardous in case of inhalation. Non-corrosive to the eyes.

**Potential Chronic Health Effects**

Repeated skin exposure can produce local skin destruction, or dermatitis.

**Cardiogenic Effects**

Not classified or listed by IARC, NTP, OSHA, EU and ACGIH.

**Section 4: First Aid Measures**

Eye Contact	Avoid contact with eyes. In case of contact with eyes, rinse immediately with plenty of water. Seek immediate medical attention.
Skin Contact	Get medical attention if irritation develops.
Inhalation	If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.
Ingestion	Do not induce vomiting. Have conscious person drink several glasses of water or milk. Seek medical attention.

**Section 5: Fire Fighting Measures**

Products of Combustion	carbon oxides (CO)
Fire Fighting Media and Instructions	Non-flammable substance.
Special Remarks on Fire Hazards	Not available.
Special Remarks on Explosion Hazards	Not available.


**Section 6: Accidental Release Measures**

Small Spill and Leak	Dilute with water and mop up, or absorb with an inert dry material and place in an appropriate waste disposal container. Finish cleaning by spreading water on the contaminated surface and dispose of according to local and regional authority requirements.
Large Spill and Leak	Absorb with an inert material and put the spilled material in an appropriate waste disposal.
Personal Protection in Case of a Large Spill	No special protection is required.

**Section 7: Handling and Storage**

Precautions	Keep away from incompatibles.
Incompatibility	oxidizing agents
Storage	Keep out of the reach of children. Not for use or storage in or around the home.

**Section 8: Exposure Controls/Personal Protection**

Engineering Controls	Good general ventilation should be sufficient to control airborne levels.
Personal Protection	<p><i>Eyes</i> Safety glasses.</p> <p><i>Body</i> No special recommendations.</p> <p><i>Respiratory</i> Not applicable.</p> <p><i>Hands</i> Not applicable.</p>
Protective Clothing (Pictograms)	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: right;"> <p><b>NORTH AMERICAN CORPORATION</b>  2101 CLAIRE COURT  GLENVIEW, IL 60025  847-832-4000 1-800-323-0297</p> </div> </div>
Exposure Limits	Not available.



<b>Section 9. Physical and Chemical Properties</b>			
Physical State and Appearance	Liquid.	Odor	Pleasant.
Molecular Weight	Not applicable.	Taste	
pH	9 to 9.9 (Basic.)	Color	Pink
Boiling/Condensation Point	100°C (212°F)		
Melting/Freezing Point	Not available.		
Critical Temperature	Not available.		
Instability Temperature	Not available.		
Specific Gravity	1.002 (Water = 1)		
Vapor Pressure	Not available.		
Vapor Density	>1 (Air = 1)		
Volatility	>80% (w/w).		
VOC	0 (g/l).		
Evaporation Rate	<1 compared to Water		
Odor Threshold	Not available.		
LogK <sub>ow</sub>	Not available.		
Toxicity (in Water)	Not available.		
Dispersion Properties	See solubility in water.		
Solubility	Easily soluble in cold water, hot water.		
The Product is:	May be combustible at high temperature.		
Auto-ignition Temperature			
Flash Points	CLOSED CUP: >98.889°C (210°F).		
Flammable Limits	Not available.		
Fire Hazards in Presence of Various Substances	Non-flammable in presence of open flames and sparks, of heat. Because of the large amount of water contained in the product, the product might be combustible only after partial or complete evaporation.		
Explosion Hazards in Presence of Various Substances	Not applicable		



<b>Section 10. Stability and Reactivity Data</b>	
Stability	The product is stable.
Incompatibility with Various Substances	oxidizing agents
Hazardous Decomposition Products	Not available.

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 2101 CLARE COURT  
 GLENVIEW, IL 60025  
 847-832-4000 1-800-323-0297

<b>Section 11. Toxicological Information</b>	
Routes of Entry	Absorbed through skin. Eye contact. Inhalation. Ingestion.
Toxicity to Animals	LD50: Not available. LC50: Not available.
Acute Effects on Humans	<p><i>Eyes</i> Slightly hazardous in case of eye contact (irritant). Non-corrosive to the eyes.</p> <p><i>Skin</i> Non-corrosive for skin. Non-irritant for skin.</p> <p><i>Inhalation</i> Non-hazardous in case of inhalation.</p> <p><i>Ingestion</i> Slightly hazardous in case of ingestion.</p>
Chronic Effects on Humans	Repeated skin exposure can produce local skin destruction, or dermatitis.
Special Remarks on Toxicity to Animals	Not available.
Special Remarks on Chronic Effects on Humans	Not available.



<b>Section 12. Ecological Information</b>	
Ecotoxicity	Not available.
BOD5 and COD	Not available.
Products of Biodegradation	Not available.
Toxicity of the Products of Biodegradation	Not available.
Special Remarks on the Products of Biodegradation	Not available.

<b>Section 13. Disposal Considerations</b>	
Waste Information	Waste must be disposed of in accordance with federal, state and local environmental control regulations.
Waste Stream	Not available.



<b>Section 14. Transport Information</b>	
DOT (U.S.A.) (Pictograms)	
TDG Classification	Not controlled under TDG (Canada). 
PIN UN, Proper Shipping Name, PG	Not applicable.
Maritime Transportation	Not available.
Special Provisions for Transport	Not applicable.

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 GLENVIEW, IL 60025  
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**Section 14: Other Regulatory Information and Pictograms**

<b>WHMIS (Classification)</b>		Not controlled under WHMIS (Canada).									
<b>Regulatory Lists</b>		No products were found.									
<b>Other Regulations</b>		OSHA: Hazardous by definition of Hazard Communication Standard (29 CFR 1910.1200).									
<b>Other Classifications</b>	<b>HCS (U.S.A.)</b>	Class: Irritating substance.									
	<b>USA Regulatory Lists</b>										
	<b>DSD (EEC)</b>	This product is not classified according to the EU regulations.									
<b>International Regulations Lists</b>		No products were found.									
<b>Hazardous Material Information System (U.S.A.)</b>	<table border="1"> <tr> <td>Health</td> <td>1</td> </tr> <tr> <td>Environment</td> <td>0</td> </tr> <tr> <td>Reactivity</td> <td>0</td> </tr> <tr> <td>Personal Protection</td> <td>A</td> </tr> </table>	Health	1	Environment	0	Reactivity	0	Personal Protection	A	<b>National Fire Protection Association (U.S.A.)</b>	
	Health	1									
Environment	0										
Reactivity	0										
Personal Protection	A										

**Section 15: Other Regulatory Information and Pictograms**

<b>WHMIS (Classification)</b>		Not controlled under WHMIS (Canada).									
<b>Regulatory Lists</b>		No products were found.									
<b>Other Regulations</b>		OSHA: Hazardous by definition of Hazard Communication Standard (29 CFR 1910.1200).									
<b>Other Classifications</b>	<b>HCS (U.S.A.)</b>	Class: Irritating substance.									
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	Health	1									
Environment	0										
Reactivity	0										
Personal Protection	A										

**Section 16: Other Information**

Validated by CRushton on 9/9/2002.		Verified by CRushton. Printed 9/9/2002.	
<b>Information Contact</b>		<b>NORTH AMERICAN CORPORATION</b>	
Benco Corporation 1001 Brown Avenue Toledo, Ohio 43607		2101 CLARK COURT GLENVIEW, IL 60025 847-832-4000 1-800-323-0297	

**Notice to Reader**

To the best of our knowledge, the information contained herein is accurate. However, neither the above named supplier nor any of its subsidiaries assumes any liability whatsoever for the accuracy or completeness of the information contained herein. Final determination of suitability of any material is the sole responsibility of the user. All materials may present unknown hazards and should be used with caution. Although certain hazards are described herein, we cannot guarantee that these are the only hazards that exist.

Validated on 9/9/2002

**Winning Hands Pearlized Pink Lotion Hand  
Cleaner**

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**CONTINUE ON NEXT PAGE**

NORTH AMERICAN CORPORATION  
2101 CLAIRE COURT  
GLENVIEW, IL 60025  
847-832-4000 1-800-323-0297



# TECHNICAL DATA SHEET

#600005

RAIN

Hand Dishwash Detergent

**DESCRIPTION:** A mild liquid detergent for hand washing of dishes, glasses, silver, pots, and pans. Cuts food residue, oil, fats. Provides long-lasting suds.



## Advantages:

High suds. Good suds stability. Excellent dissolving power.

Mild on hands. Contains the skin conditioner Glycerin (a humectant that helps skin retain its natural moisture).

Contains no harmful alkalis or abrasives. Will not leave dulling soap residue because it contains no soap.

For institutional use: designed to be easily dispensed through liquid proportioners for greater economy and less mess. Nothing is wasted.

Pleasantly perfumed.

## Directions:

Concentrated. Economical. Use just a capful to sinkful. For maximum suds pour into the sink, then turn on water.

## CAUTION

KEEP OUT OF REACH OF CHILDREN

## Specifications:

Physical Form	Opaque Liquid
Color	Pink
Scent	Lemon
Specific Gravity	0.99
Density	8.3 lbs. per gallon
Foam Test	Initial - 155 mm
1% Solution	5 minutes - 135 mm
pH Solution as is	7.5 - 8.0
Total Solids	10%

## Shipping Weight in Pounds:

5 Gallon Plastic Pail	46.5 pounds
Case of 6 Plastic Gallons	52.0 pounds



2101 Claire Court  
Glenview, IL 60025  
847-832-4000  
Fax: 847-832-4010  
nacorporation.com



# MATERIAL SAFETY DATA SHEET

Prepared According to 29 CFR 1910.1200

## SECTION I - PRODUCT IDENTIFICATION

**PRODUCT NAME:** Rain  
**GENERIC NAME:** Dishwashing Detergent

**CHEMICAL FAMILY:** Liquid Mixture  
**PROPER SHIPPING NAME:** Not Regulated

N/A (Not Applicable) N/E (Not Established)

## Hazardous Materials Identification System

HEALTH \_\_\_\_\_ 1  
FLAMMABILITY \_\_\_\_\_ 0  
REACTIVITY \_\_\_\_\_ 0  
PERSONAL PROTECTION \_\_\_\_\_ X

## Hazard Rating

4 = EXTREME  
3 = HIGH  
2 = MODERATE  
1 = SLIGHT  
0 = INSIGNIFICANT

## SECTION II - HAZARDOUS INGREDIENTS IDENTIFICATION INFORMATION

HAZARDOUS COMPONENTS	CAS#	TLV	% WT (OPT)
N/E			

## SECTION IV - SPECIAL PROTECTIVE EQUIPMENT

**RESPIRATORY PROTECTION:** None normally needed  
**PROTECTIVE GLOVES:** None normally required  
**EYE PROTECTION:** None normally required  
**VENTILATION:** Room ventilation is generally adequate  
**OTHER PROTECTIVE EQUIPMENT:** None normally required

## SECTION VI - FIRE AND EXPLOSION HAZARD DATA

**FLASH POINT (METHOD USED):** Non flammable  
**UPPER EXPLOSIVE LIMIT:** N/E **LOWER EXPLOSIVE LIMIT:** N/E  
**EXTINGUISHING MEDIA:** Use appropriate extinguishing media for the surrounding fire.  
**SPECIAL FIRE FIGHTING PROCEDURES:** Self contained breathing apparatus and full protective clothing should be worn when fighting fires involving chemicals.  
**UNUSUAL FIRE AND EXPLOSION HAZARDS:** None known

## SECTION III - PHYSICAL DATA

**PHYSICAL DESCRIPTION:**  
Pink opaque liquid  
**BOILING RANGE (°F):** 200-212°F  
**VAPOR PRESSURE/N/E**  
**% VOLATILE:** N/A  
**SOLUBILITY IN WATER:** Complete  
**SPECIFIC GRAVITY:** .99 ± .05  
**EVAPORATION RATE:** N/E  
**pH:**

## SECTION V - REACTIVITY DATA

**STABILITY:** Stable  
**INCOMPATIBILITY (Materials to Avoid):** Strong acids and oxidizers

**HAZARDOUS DECOMPOSITION PRODUCTS:** None known

**HAZARDOUS POLYMERIZATION:**  
Will not occur

## SECTION VII - FIRST AID

**EYES:** Flush with water for at least 15 minutes, be sure to keep eyelids opened. Get medical attention if irritation persists.

**SKIN:** Wash with plenty of soap and water. Wash contaminated clothing before reuse. Get medical attention if irritation persists.

**INGESTION:** Give milk or water to dilute. INDUCE VOMITING. Get immediate medical attention. NEVER GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON.

**INHALATION:** Remove victim to fresh air. If person is having difficulty in breathing, perform artificial respiration and get immediate medical attention.

## SECTION VIII - HEALTH HAZARDS

**EFFECTS OF OVEREXPOSURE (Primary Route of Entry)**  
**SKIN:** Possible irritant  
**EYES:** Irritant  
**INHALATION:** Possible Irritant

**CARCINOGENS:** None suspected  
**NTP:** OSHA:  
**IARC:** ACGIH:  
**OTHER:**

## SECTION IX - STORAGE AND HANDLING

**PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE:**  
Use common sense and sound industrial hygiene practices when handling this material as well as any other materials. Keep container closed when not in use. Wash hands after handling. Keep out of reach of children.

**Manufactured By:** WARSAW CHEMICAL CO., INC.  
390 Argonne Road, P.O. Box 838  
Warsaw, IN 46581  
574-267-3251 FAX: 574-267-3884

## SECTION X - SPILL OR LEAK PROCEDURES

**STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED:** Wear necessary personal protective equipment. Evacuate all unnecessary personnel. Dike area to prevent spreading of the spilled material. Cover with an inert absorbent (sand, clay, etc.), shovel into appropriate containers, and dispose of in accordance with federal, state, and local regulations.  
**EMPTY CONTAINERS DISPOSAL:** Any disposal practices must be in compliance with federal, state and local laws. Any questions regarding disposal should be directed to the proper government agency.

04/29/02

APR - 7 2004

Pat Trueblood  
Special Projects Coordinator  
Illinois Department of Human Services  
Business Enterprise Program for the Blind  
809 Commercial Avenue  
Springfield, IL 62703

Dear Ms. Trueblood,

SUBJECT: BUSINESS ENTERPRISE PROGRAM FOR THE BLIND (BEPB) INCIDENT  
REPORTING AT ARGONNE NATIONAL LABORATORY

Paragraph 2., Notification of Accidents as set forth in the ADDITIONAL LOCAL TERMS AND CONDITIONS section of Attachment G of the Permit for establishment of a vending facility at Argonne National Laboratory (ANL) describes procedures and requirements applicable to the BEPB for reporting of occurrences at the ANL site. Under circumstances as specified therein, the paragraph as currently written requires the BEPB to complete Form DOE F 5484.3, entitled "Individual Accident/Incident Report."

You are hereby advised that Form DOE F 5484.3 under the subject permit has been replaced by Form ANL-239, "Incident Description" and Form ANL-240, "Argonne National Laboratory Incident Analysis Report" (enclosed). Forms ANL-239 and ANL-240 are to be completed by the BEPB for all occupational injury/illness, fatality, and property loss/damage in connection with any and all work performed by the BEPB under the Permit for vending at ANL. Form ANL-239 is to be completed within 24 hours of a reportable occurrence. Form ANL-240 is to be completed within 7 days of a reportable occurrence. Upon completion, a copy of each form is to be submitted to the DOE Contracting Officer and to the Laboratory Technical Representative as specified in Attachment A to this Permit.

It should be noted that neither DOE nor ANL have any obligation for ensuring the BEPB's compliance with OSHA 300 reporting requirements.

If you have questions, or are in need of additional information, I can be contacted by phone at (630) 252-2127, or via e-mail at [rory.simpson@ch.doe.gov](mailto:rory.simpson@ch.doe.gov).

Sincerely,

SIGNED BY  
Rory S. Simpson  
Contracting Officer  
Business Management Team

Enclosures:  
As Stated

cc: R. Wunderlich, AAO, w/encls.  
S. Martinez, AAO, w/encls.  
A. Harvey, AAO, w/encls.  
P. Neeson, AAO, w/encls.  
C. Schumann, AAO, w/encls.  
G. Baldwin, STS, w/encls.  
K. McAllister, ANL-PFS-PMO/201, w/encls.  
P. Moonier, ANL-PFS-PMO/201, w/encls.  
P. Marks, IDHS, w/encls.

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CONCUR  
ASO

4/5/04

ASO

Schumann

4/1/04

ASO

Neeson

4/6/04

## INCIDENT DESCRIPTION

I am the ☐ Person involved ☐ Witness to incident ☐ Foreman/Supervisor/Visitor Host

Print name and badge number	Division	Date and time completed
-----------------------------	----------	-------------------------

Date and time of incident: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ AM PM

Location of incident: \_\_\_\_\_

In your own words, write down what happened in the order in which it occurred. Include the following items as appropriate:

- X Physical conditions and work activities in the vicinity of the incident as you remember them
- X Unusual conditions or circumstances
- X What you were doing immediately prior to the incident
- X During and immediately after the incident, what you saw, heard, felt, or smelled
- X What immediate action was taken by you or others
- X Approximate number of persons in the vicinity; include names if known.

[illegible]

Signature

Date \_\_\_\_\_



**Argonne National Laboratory**  
**INCIDENT ANALYSIS REPORT**

Person Involved			
1. Name of person, home address	2. Badge no.	3. Division & department	4. Date of hire (service date)
5. Job classification/ occupation	6. Years of experience on this job	7. Date of incident	8. Time of incident
9. Time workday began		10. Supervisor's name	
11. Location of incident: Building/room                      Area/address		12. How was the incident reported?	
Injury/Illness Only			
13. Name and address of treating physician			
14. Date reported to Medical Department _____ Time _____			
15. Date reported to Supervisor _____ Time _____			
16. Hospitalized? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, name of hospital and address _____			
17. Property damage (vehicle/equipment/structure)		18. Other Incidents	
A. Vehicle or Equipment Number:		A. Nature of Incident	
B. Nature of damage <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Collision <input type="checkbox"/> Other: _____		<input type="checkbox"/> Personal radiation exposure <input type="checkbox"/> Personal contamination <input type="checkbox"/> Chemical release <input type="checkbox"/> Personal chemical exposure <input type="checkbox"/> Radiological release <input type="checkbox"/> Near miss <input type="checkbox"/> Other: _____	
C. Cost of repair & cleanup _____ <input type="checkbox"/> Estimated <input type="checkbox"/> Actual (check one)		B. Cost, if applicable	
D. Object/equipment/substance inflicting damage		C. Person(s) reporting incident	
E. Operator of equipment		D. Object/equipment/substance related	
F. Was vehicle equipped with seatbelts? <input type="checkbox"/> No <input type="checkbox"/> Yes  If yes, was seat belt in use?			

**Incident (use additional sheets if needed)**

19. Describe the incident and how it occurred:

20. Witnesses to incident:

21. Describe the specific factors that caused or contributed to this event.

22. What were the contributing causes that, if corrected, could prevent recurrence?

**Action Plan (use additional sheets if needed)**

23. What immediate remedial actions were taken?

24. What corrective actions will be taken to address contributing causes?

25. Incident Analysis Report prepared by:

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed and approve of this incident analysis report:

26. Employee's supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

27. Division director's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Instructions**

1. Record name of the person involved, e.g., person injured, person operating motor vehicle at time of incident, or person observing property damage.
2. Record ANL-E badge number of person involved. For persons without an ANL-E badge number, enter "None."
3. Record division and department of the person involved. For non-ANL-E personnel, enter division and department responsible for their access to ANL-E.
4. Record the involved person's most recent date of hire at ANL. For non-ANL-E personnel, enter "Not an employee."
5. Record job classification or occupation.
6. Record the length of time in years that the employee has worked at his/her present job classification or occupation.
7. Record the date of the incident.
8. Record the time of the incident.
9. Record the time the workday began for the person involved.
10. Record the name of the supervisor of the person involved. For non-ANL-E personnel, enter the name of the person responsible for their access to ANL-E.
11. Record the location of the incident. Provide the ANL-E building and room number, area, or address.
12. Record how the incident was reported (e.g., employee informed supervisor; 911 call [name of person who placed call]; employee reported to Medical Dept.; employee was driven to Medical Dept., etc.).
13. If treatment was provided by the ANL-E Medical Department, enter "ANL Medical Department." For injuries/illnesses treated by a non-ANL-E medical care provider, provide the name and address of the treating physician.
14. Record the date and time employee reported injury/illness to the ANL-E Medical Department.
15. Record the date and time employee reported injury/illness to first line supervisor.
16. Identify whether injury/illness required in-patient hospitalization. If hospitalized, provide the name and address of the hospital.
17. If damage to a vehicle, equipment, or structure occurred, provide information on (A) the vehicle or equipment number; (B) nature of damage; (C) cost to repair/replace and clean up damage (include programmatic time spent); (D) what caused the damage; (E) name of person operating the equipment that caused the damage or was damaged; and (F) if a vehicle was involved, was it equipped with seatbelts and, if yes, was the seat belt in use.
18. For an incident other than occupational injury/illness or property damage, indicate (A) the nature of the incident; (B) cost including cleanup and disposal and/or cost to control the hazard; (C) name of person(s) reporting the event; and (D) name of the object, equipment, and/or substance related to or involved in the incident.
19. Describe the incident in detail and how it occurred. Items to include are the specific activity the employee was engaged in at the time of the accident/incident, a chronological description of all facts relating to the incident, and any action that removed or by-passed safety requirements or features. Attach additional sheets if necessary.
20. Identify any witnesses to the incident. Statements of persons involved, witnesses, and supervisor must be attached to this Incident Analysis Report. Use Incident Description form, ANL-239.

21. Describe the specific factors that caused or contributed to this event. Identify any contributing personnel actions, hazardous physical conditions, job factors, and environmental and equipment conditions that may have had any impact on the incident. Attach additional sheets if necessary.
22. Describe the contributing causes that need to be corrected to prevent recurrence. Attach additional sheets if necessary.
23. Describe the immediate actions that were taken to remove the hazard or to avoid a repeat of the incident. Attach additional sheets if necessary.
24. Describe the corrective actions that will be taken to address the contributing causes. Include assignment of responsibility and anticipated completion dates. Attach additional sheets if necessary.
25. Provide the name of the person preparing the Incident Analysis Report, as well as their signature and date signed.
26. The Incident Analysis Report must be reviewed and approved by the employee's immediate supervisor. Document the review and approval by providing the signature of the employee's immediate supervisor and date signed.
27. The Incident Analysis Report must be reviewed and approved by the employee's division director. Document the review and approval by providing the signature of the employee's division director and date signed.